FRAMEWORK FOR THE ANNUAL REPORT OF
THE STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State and Territories *must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

A. Recognize the *diversity* of State approaches to SCHIP and allow States *flexibility* to highlight key accomplishments and progress of their SCHIP programs, **AND**

B. Provide *consistency* across States in the structure, content, and format of the report, **AND**

C. Build on data *already collected* by CMS quarterly enrollment and expenditure reports, **AND**

D. Enhance *accessibility* of information to stakeholders on the achievements under Title XXI.

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

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<u>DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.</u>

State/Territory: **MT**

(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature:

Mary E Dalton, Administrator, Health Resources Div

SCHIP Program Name(s): **All, Montana**

SCHIP Program Type:

- [ ] SCHIP Medicaid Expansion Only
- [x] Separate Child Health Program Only
- [ ] Combination of the above

Reporting Period: **2007**   *Note: Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07.*

Contact Person/Title: **Jacqueline Forba, Chief, CHIP Bureau**

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P O Box 202951

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Submission Date: **12/27/2007**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program			
	* Upper % of FPL are defined as <u>Up to and Including</u>								
Eligibility						**From**		% of FPL conception to birth	0	% of FPL *
	From		% of FPL for **infants**		% of FPL *	**From**	0	% of FPL for **infants**	175	% of FPL *
	From		% of FPL for children ages **1 through 5**		% of FPL *	**From**	0	% of FPL for children ages **1 through 5**	175	% of FPL *
	From		% of FPL for children ages **6 through 16**		% of FPL *	**From**	0	% of FPL for children ages **6 through 16**	175	% of FPL *
	From		% of FPL for children ages **17 and 18**		% of FPL *	**From**	0	% of FPL for children ages **17 and 18**	175	% of FPL *

	☐	No	☒	No
Is presumptive eligibility provided for children?	☐	Yes, for whom and how long? **[1000]**	☐	Yes - Please describe below: For which populations (include the FPL levels) **[1000]** Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period **[1000]** Brief description of your presumptive eligibility policies **[1000]**
	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☒	No
	☐	Yes, for whom and how long?	☐	Yes, for whom and how long?

	☐	N/A	☐	N/A

Does your State Plan contain authority to implement a waiting list?		Not applicable	☐	No
			☒	Yes
			☐	N/A

Does your program have a mail-in application?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program over the phone?	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	☐	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program on-line?	☐	No			☒	No	
	☐	Yes – please check all that apply			☐	Yes – please check all that apply	
		☐	Signature page must be printed and mailed in			☐	Signature page must be printed and mailed in
		☐	Family documentation must be mailed (i.e., income documentation)			☐	Family documentation must be mailed (i.e., income documentation)
		☐	Electronic signature is required			☐	Electronic signature is required
						☐	No Signature is required
	☐	N/A			☐	N/A	

Does your program require a face-to-face interview during initial application	☐	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require a child to be	☐	No	☐	No

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uninsured for a minimum amount of time prior to enrollment (waiting period)?	☐	Yes		☒	Yes
	Specify number of months			Specify number of months	1
				To which groups (including FPL levels) does the period of uninsurance apply? **[1000]** CHIP enrollment is delayed by one month for all groups when children were previously covered by creditable health insurance.	
				List all exemptions to imposing the period of uninsurance **[1000]** 1.The insurer changed employers, 2. The insurer died, 3. The insurer became disabled or is no longer able to work, 4. The insurer was fired or laid-off, 5. Dependent coverage is no longer available through the employer, 6. Coverage is COBRA coverage, 7. Benefits are not accessible to the child, 8. Coverage is limited to a certain body part, illness or situation (e.g., vision or dental, cancer, or accident coverage), or 9. Insurer was a step-parent who discontinued coverage when he/she divorced the child's biological or adoptive parent.	
	☐	N/A		☐	N/A

Does your program match prospective enrollees to a database that details private insurance status?	☐	No		☐	No
	☐	Yes		☒	Yes
				If yes, what database? **[1000]** Blue Cross Blue Shield of Montana (BCBSMT) is Montana's third party administrator. BCBSMT is also Montana's primary insurance carrier. Children enrolled in CHIP are matched with BCBSMT's database monthly. BCBSMT notifies CHIP of any match. CHIP investigates all matches and disenrolls children with private health insurance coverage.	
	☐	N/A		☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No		☐	No
	☐	Yes		☒	Yes
	Specify number of months			Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below			Explain circumstances when a child would lose eligibility during the time period in the box below	

		A child is disenrolled during the 12-month continuous coverage period if he or she is: 1. covered by other creditable insurance and CHIP is made aware of the coverage, 2. eligible to receive health coverage benefits under the state employee health plan, 3. eligible for Medicaid, 4. incarcerated in a penal institution, 5. turns 19 years of age, 6. moves out of state, 7. moves and CHIP is unable to locate the family, or 8. dies. NOTE: When a waiting list is in place, 12 months of eligibility does not necessarily mean 12 months of enrollment due to time spent on the waiting list.		
	☐ N/A		☐ N/A	

	☐ No		☒ No	
	☐ Yes		☐ Yes	
Does your program require premiums or an enrollment fee?	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
	☐ N/A		☐ N/A	

Does your program impose copayments or coinsurance?	☐ No		☐ No	
	☐ Yes		☒ Yes	
	☐ N/A		☐ N/A	

Does your program impose deductibles?	☐ No		☒ No	
	☐ Yes		☐ Yes	
	☐ N/A		☐ N/A	

	☐ No		☒ No	
	☐ Yes		☐ Yes	
Does your program require an assets test?	If Yes, please describe below		If Yes, please describe below	
	☐ N/A		☐ N/A	

Does your program require income disregards?	☐ No		☐ No	
	☐ Yes		☒ Yes	
	If Yes, please describe below		If Yes, please describe below	
			Income disregards include: 1. $1,440 annual work expense disregard for each family member whose earned income is counted, and 2. $2,400 annual dependent care expense per dependent receiving care.	
	☐ N/A		☐ N/A	

Is a preprinted renewal form sent prior to eligibility expiring?	☐ No		☐ No	
	☐ Yes		☒ Yes	
	☐ We send out form to family with their information pre-completed and ask for confirmation		☒ We send out form to family with their information pre-completed and ask for confirmation	
	☐ We send out form but do not require a response unless income or other circumstances have changed		☐ We send out form but do not require a response unless income or other circumstances have changed	
	☐ N/A		☐ N/A	

Enter any Narrative text below. **[7500]**

Comments on Responses in Table:

Is there an assets test for children in your Medicaid program? ☒ Yes ☐ No ☐ N/A

Is it different from the assets test in your separate child health program?
If yes, please describe in the narrative section below the asset test in your program. ☒ Yes ☐ No ☐ N/A

Are there income disregards for your Medicaid program? ☒ Yes ☐ No ☐ N/A

Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program. ☒ Yes ☐ No ☐ N/A

Is a joint application used for your Medicaid and separate child health program? ☐ Yes ☒ No ☐ N/A

7. Indicate what documentation is required at initial application

	Self-Declaration	Documentation Required
Income	☒	☐
Citizenship	☒	☐
Insured Status	☒	☐

8. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☐	☐	☐	☒	☐
Application	☐	☐	☐	☐	☒	☐
Application documentation requirements	☐	☐	☐	☐	☒	☐
Benefit structure	☐	☐	☐	☒	☐	☐
Cost sharing (including amounts, populations, & collection process)	☐	☐	☐	☐	☒	☐
Crowd out policies	☐	☐	☐	☐	☒	☐
Delivery system	☐	☐	☐	☐	☒	☐
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	☐	☐	☐	☐	☒	☐
Eligibility levels / target population	☐	☐	☐	☒	☐	☐
Assets test in Medicaid and/or SCHIP	☐	☐	☐	☐	☒	☐
Income disregards in Medicaid and/or SCHIP	☐	☐	☐	☐	☒	☐
Eligibility redetermination process	☐	☐	☐	☐	☒	☐
Enrollment process for health plan selection	☐	☐	☐	☐	☒	☐
Family coverage	☐	☐	☐	☐	☒	☐
Outreach (e.g., decrease funds, target outreach)	☐	☐	☐	☒	☐	☐
Premium assistance	☐	☐	☐	☐	☒	☐
Prenatal Eligibility expansion	☐	☐	☐	☐	☒	☐
Waiver populations (funded under title XXI)						
Parents	☐	☐	☐	☐	☒	☐

Pregnant women	☐	☐	☐	☐	☒	☐
Childless adults	☐	☐	☐	☐	☒	☐
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☐	☐	☐	☒	☐

Other – please specify

_____	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐

9. For each topic you responded yes to above, please explain the change and why the change was made, below:

Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
Application	
Application documentation requirements	
Benefit structure	Montana's 2007 Legislature provided limited funding of extended dental benefits for CHIP-eligible children who have significant dental needs which exceed the maximum payment under CHIP's basic dental plan.
Cost sharing (including amounts, populations, & collection process)	
Crowd out policies	
Delivery system	
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
Eligibility levels / target population	Effective July 1, 2007, Montana increased its income guidelines from 150% FPL to 175% FPL.

Assets test in Medicaid and/or SCHIP	
Income disregards in Medicaid and/or SCHIP	
Eligibility redetermination process	
Enrollment process for health plan selection	
Family coverage	
Outreach	Increased funding for statewide media campaign and back to school campaign.
Premium assistance	
Prenatal Eligibility Expansion	
Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. **[7500]**
3. Montana's CHIP program does not have an asset test.
5. Montana's CHIP program allows a $1,440 annual income disregard, regardless of the amount earned, for each working family member whose earned income is counted and a $2,400 annual disregard for each dependent receiving dependent care.
6. Although Medicaid and CHIP do not share an application, information is shared between the two programs. CHIP applications from families who apply to CHIP but are determined potentially eligible for Medicaid are referred to the family's local Office of Public Assistance for a Medicaid determination. Conversely, families denied or closed off Medicaid are referred to CHIP via an electronic referral system.

CHIP reviews the Medicaid generated referral and either enrolls children whose family has an open CHIP family span or mails the family a partially pre-populated CHIP application to complete.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

> Well child visits in the first 15 months of life
>> Well child visits in the 3rd, 4th, 5th, and 6th years of life
>> Use of appropriate medications for children with asthma
>> Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is <u>not</u> required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:
If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

> <u>Population not covered</u>: Check this box if your program does not cover the population included in the measure.
> <u>Data not available</u>: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
> <u>Small sample size</u>: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
> <u>Other</u>: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:
Please indicate the status of the data you are reporting, as follows:

> <u>Provisional</u>: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.
> <u>Final</u>: Check this box if the data you are reporting are considered final for FFY 2007.

<u>Same data as reported in a previous year's annual report</u>: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

Definition of Population included in the Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):
In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the "additional notes" section.

Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a "weighted rate" by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an "unweighted average" by taking the mean rate across health plans.

Explanation of Progress:
The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:
Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

MEASURE: Well Child Visits in the First 15 Months of Life

FFY 2005	FFY 2006	FFY 2007
Did you report on this goal? ☒ Yes ☐ No	**Did you report on this goal?** ☒ Yes ☐ No	**Did you report on this goal?** ☒ Yes ☐ No
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2006
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: Standard HEDIS definition	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: Enrollees included on this report were continuously enrolled during the reporting period with no more than one break in enrollment of up to 45 days during the reporting year.	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: Standard HEDIS definition
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Standard HEDIS definition. CHIP enrollees from 0 to 15 months old during the measurement year.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Standard HEDIS definition. CHIP enrollees from 0 to 15 months old during the measurement year.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	**FFY 2006**	**FFY 2007**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits

<table>
<tr><td colspan="2">

FFY 2005

0 visits   4 visits
Numerator: 9 Numerator: 14
Denominator: 45 Denominator: 45
Rate: 20   Rate: 31.1

1 visit   5 visits
Numerator: 3 Numerator: 9
Denominator: 45 Denominator: 45
Rate: 6.7   Rate: 20

2 visits   6+ visits
Numerator: 2 Numerator: 5
Denominator: 45 Denominator: 45
Rate: 4.4   Rate: 11.1

3 visits
Numerator: 3
Denominator: 45
Rate: 6.7

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</table>

FFY 2005 — HEDIS data

0 visits — Numerator: 9, Denominator: 45, Rate: 20
4 visits — Numerator: 14, Denominator: 45, Rate: 31.1
1 visit — Numerator: 3, Denominator: 45, Rate: 6.7
5 visits — Numerator: 9, Denominator: 45, Rate: 20
2 visits — Numerator: 2, Denominator: 45, Rate: 4.4
6+ visits — Numerator: 5, Denominator: 45, Rate: 11.1
3 visits — Numerator: 3, Denominator: 45, Rate: 6.7

FFY 2006 — HEDIS data

0 visits — Numerator: 3, Denominator: 48, Rate: 6.3
4 visits — Numerator: 14, Denominator: 48, Rate: 29.2
1 visit — Numerator: 4, Denominator: 48, Rate: 8.3
5 visits — Numerator: 10, Denominator: 48, Rate: 20.8
2 visits — Numerator: 5, Denominator: 48, Rate: 10.4
6+ visits — Numerator: 6, Denominator: 48, Rate: 12.5
3 visits — Numerator: 6, Denominator: 48, Rate: 12.5

FFY 2007 — HEDIS data

0 visits — Numerator: 0, Denominator: 4, Rate: 0
4 visits — Numerator: 2, Denominator: 4, Rate: 50
1 visit — Numerator: 0, Denominator: 4, Rate: 0
5 visits — Numerator: 1, Denominator: 4, Rate: 25
2 visits — Numerator: 0, Denominator: 4, Rate: 0
6+ visits — Numerator: 1, Denominator: 4, Rate: 25
3 visits — Numerator: 0, Denominator: 4, Rate: 0

Additional notes on measure (FFY 2005): CHIP stresses the importance of well-child visits to families through newsletters and verbal communications. We will continue focusing on the importance of well-child visits. During the past year, CHIP started mailing information packets to families with newborns. The packets are titled "Healthy Start, Grow Smart." The packets include a brochure for each month of a child's life from birth through 12 months and includes information about the child's health care at that time in his life.

Additional notes on measure (FFY 2006): We continue to focus on the importance of well-child visits. We mail "Healthy Start, Grow Smart" information packets to families with newborns. The packets include a brochure for each month of a child's life from birth through 12 months and includes information about the child's health care intervals through 12 months of age. CHIP quarterly newsletter also stresses the importance of preventive care.

Additional notes on measure (FFY 2007): We continue to focus on the importance of well-child visits. We mail "Healthy Start, Grow Smart" informational packets to families with newborns. The packets include brochures about a child's health care needs for each month of a child's life from birth through 12 months of age.
Additionally, our contractor Blue Cross Blue Shield of Montana included an immunization schedule in its August 2007 "Keeping Well" newsletter to CHIP-enrolled families.

| **Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: | **Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: | **Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure: |

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Infant and toddler well-child visits increased between 2006 and 2007.

Are there any quality improvement activities that contribute to your progress?

Annual Performance Objective for FFY 2008: Montana will continue to focus on the importance of well-child visits. Our FFY 2008 objective is to maintain performance at 2007 levels.
0 visits - 0%
1 visits - 0%
2 visits - 0%
3 visits - 0%
4 visits - 50%
5 visits - 25%
6+ visits - 25%

Annual Performance Objective for FFY 2009: Montana will continue to focus on the importance of well-child visits. Our FFY 2009 objective is to maintain performance at 2007 levels.
0 visits - 0%
1 visits - 0%
2 visits - 0%
3 visits - 0%
4 visits - 50%
5 visits - 25%
6+ visits - 25%

Annual Performance Objective for FFY 2010: Montana will continue to focus on the importance of well-child visits. Our FFY 2010 objective is to maintain performance at 2007 levels.
0 visits - 0%
1 visits - 0%
2 visits - 0%
3 visits - 0%
4 visits - 50%
5 visits - 25%
6+ visits - 25%

Explain how these objectives were set: The objectives were based on trends in enrollment and utilization of health care services.

Other Comments on Measure:

MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life

FFY 2005	FFY 2006	FFY 2007
Did you report on this goal? ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) 　　*Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*:	**Did you report on this goal?** ☒ Yes ☐ No **If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). 　　*Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2006
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA's 2004 HEDIS technical specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: NCQA's 2005 HEDIS technical specifications	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: Standard HEDIS definition
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 375 Denominator: 1174 Rate: 31.9	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 387 Denominator: 1151 Rate: 33.6	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 351 Denominator: 1042 Rate: 33.7

FFY 2005	FFY 2006	FFY 2007
Additional notes on measure:	Additional notes on measure: CHIP continues to educate families about the importance and availability of well-child visits.	Additional notes on measure: Montana CHIP continues to educate families about the importance and availability of well-child visits.

Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Well-child visits increased slightly between 2006 (33.6%) and 2007 (33.7%).

Are there any quality improvement activities that contribute to your progress?

Annual Performance Objective for FFY 2008: Montana will continue to educate families about the importance and availability of well-child visits. Our FFY 2008 objective is to maintain performance at the 2007 level of 33.7%.

Annual Performance Objective for FFY 2009: Montana will continue to educate families about the importance and availability of well-child visits. Our FFY 2009 objective is to maintain performance at the 2007 level of 33.7%.

Annual Performance Objective for FFY 2010: Montana will continue to educate families about the importance and availability of well-child visits. Our FFY 2010 objective is to maintain performance at the 2007 level of 33.7%.

Explain how these objectives were set: Objectives were set based on trends in enrollment and utilization of health care services.

Other Comments on Measure:

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2005	FFY 2006	FFY 2007

Did you report on this goal?
☒ Yes
☐ No
 	
If Data Not Reported, Please Explain Why:
☐ Population not covered.
☐ Data not available. *Explain*:
☐ Small sample size (less than 30).
    Specify sample size:
☐ Other. *Explain*:
	Did you report on this goal?
	☒ Yes
	☐ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☐ Data not available. *Explain*:
	☐ Small sample size (less than 30).
	    Specify sample size:
	☐ Other. *Explain*:
		Did you report on this goal?
		☒ Yes
		☐ No
		
		If Data Not Reported, Please Explain Why:
		☐ Population not covered.
		☐ Data not available. *Explain*:
		☐ Small sample size (less than 30).
		    Specify sample size:
		☐ Other. *Explain*:

Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2006
Measurement Specification: ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: NCQA's 2004 HEDIS technical specifications	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: NCQA's 2005 HEDIS technical specifications	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: Standard HEDIS definition
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: 90 Denominator: 131 Rate: 68.7 Additional notes on measure: There was a 14%+ increase in the number of children receiving appropriate medications for asthma from calendar year 2003 to calendar year 2004.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 21 Denominator: 22 Rate: 95.5 10-17 years Numerator: 60 Denominator: 62 Rate: 96.8 Combined rate (5-17 years) Numerator: 81 Denominator: 84 Rate: 96.4 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: 17 Denominator: 19 Rate: 89.5 10-17 years Numerator: 62 Denominator: 70 Rate: 88.6 Combined rate (5-17 years) Numerator: 79 Denominator: 89 Rate: 88.8 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 4 Denominator: 5 Rate: 80 Additional notes on measure: Children age 18 who received medication for asthma.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 7 Denominator: 7 Rate: 100 Additional notes on measure: Children age 18 who received medication for asthma.

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Montana did not meet its performance objective documented in our 2006 Annual Report. The percentage of children receiving appropriate asthma medication decreased between 2006 and 2007.

Are there any quality improvement activities that contribute to your progress?

Annual Performance Objective for FFY 2008: Montana will continue providing appropriate medications for children and adolescents with asthma. Our FFY 2008 objective is to maintain performance at 2006 levels:
5 - 9 years = 95.5%
10 l7 years - 96.8%
18 years - 100%
combined 5 - 17 years - 96.4%
18 years - 80%

Annual Performance Objective for FFY 2009: Montana will continue providing appropriate medications for children and adolescents with asthma. Our FFY 2009 objective is to maintain performance at 2006 levels:
5 - 9 years = 95.5%
10 l7 years - 96.8%
18 years - 100%
combined 5 - 17 years - 96.4%
18 years - 80%

Annual Performance Objective for FFY 2010: Montana will continue providing appropriate medications for children and adolescents with asthma. Our FFY 2010 objective is to maintain performance at 2006 levels:
5 - 9 years = 95.5%
10 l7 years - 96.8%
18 years - 100%
combined 5 - 17 years - 96.4%
18 years - 80%

Explain how these objectives were set: Objectives were set based on trends in enrollment and utilization of health care services

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2005	FFY 2006	FFY 2007

Did you report on this goal?
☒ Yes
☐ No
 	
If Data Not Reported, Please Explain Why:
☐ Population not covered.
☐ Data not available. *Explain*:
☐ Small sample size (less than 30).
    Specify sample size:
☐ Other. *Explain*:
	Did you report on this goal?
	☒ Yes
	☐ No
	
	If Data Not Reported, Please Explain Why:
	☐ Population not covered.
	☐ Data not available. *Explain*:
	☐ Small sample size (less than 30).
	    Specify sample size:
	☐ Other. *Explain*:
		Did you report on this goal?
		☒ Yes
		☐ No
		
		If Data Not Reported, Please Explain Why:
		☐ Population not covered.
		☐ Data not available. *Explain*:
		☐ Small sample size (less than 30).
		    Specify sample size:
		☐ Other. *Explain*:

Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2006
Measurement Specification: ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: NCQA's 2004 HEDIS technical specifications	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: NCQA now allows qualifying visits to nurse practitioners and physician assistants to count toward the numerator even though they are not listed as primary care practitioners. Because the CHIP program is not a managed care plan, "safety-net providers" such as County Health Departments, Migrant Health Clinics, Tribal Health and Indian Health Service Clinics, etc. are also providers NCQA's 2005 HEDIS technical specifications	**Measurement Specification:** ☒ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*: Standard HEDIS definition
Data Source: ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.	**Data Source:** ☒ Administrative (claims data). *Specify*: ☐ Hybrid (claims and medical record data). *Specify*: ☐ Survey data. *Specify*: ☐ Other. *Specify*: Data gathered by Blue Cross Blue Shield of Montana using CHIP claims data.

FFY 2005	FFY 2006	FFY 2007
Definition of Population Included in the Measure:	**Definition of Population Included in the Measure:**	**Definition of Population Included in the Measure:**
Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data:	**HEDIS Performance Measurement Data:**	**HEDIS Performance Measurement Data:**
(If reporting with HEDIS/HEDIS-like methodology)	*(If reporting with HEDIS/HEDIS-like methodology)*	*(If reporting with HEDIS/HEDIS-like methodology)*
Percent with a PCP visit	Percent with a PCP visit	Percent with a PCP visit

FFY 2005		FFY 2006		FFY 2007	
12-24 months	7-11 years	12-24 months	7-11 years	12-24 months	7-11 years
Numerator: 129	Numerator: 1270	Numerator: 83	Numerator: 1305	Numerator: 113	Numerator: 1110
Denominator: 137	Denominator: 1511	Denominator: 93	Denominator: 1576	Denominator: 120	Denominator: 1334
Rate: 94.2	Rate: 84.1	Rate: 89.2	Rate: 82.8	Rate: 94.2	Rate: 83.2
25 months-6 years	12-19 years	25 months-6 years	12-19 years	25 months-6 years	12-19 years
Numerator: 1080	Numerator: 1999	Numerator: 1041	Numerator: 2127	Numerator: 957	Numerator: 1776
Denominator: 1383	Denominator: 2254	Denominator: 1348	Denominator: 2433	Denominator: 1216	Denominator: 2054
Rate: 78.1	Rate: 88.7	Rate: 77.2	Rate: 87.4	Rate: 78.7	Rate: 86.5

FFY 2005	FFY 2006	FFY 2007
Additional notes on measure: CHIP continues to educate families about the health care services available to them. The program also continues to recruit CHIP providers statewide to ensure access to care. "Safety net" providers such as County Health Departments, community health centers, Tribal Health and Indian Health Service facilities are an integral part of the provider network.	Additional notes on measure: Montana has expanded primary care provider access beyond its borders. Since Montana is a "frontier" state, certain communities are better served by visiting medical providers or providers in contiguous counties. For example, families residing in Fairview, MT are closer to medical providers in Williston, ND and families residing in Noxon, MT are closer to medical providers in Sandpoint, ID.	Additional notes on measure: CHIP continues to educate families about the health care services available to them. The program also recruits providers statewide to ensure access to care. Providers such as county health departments, community health centers, Tribal Health and Indian Health Service facilities are integral parts of CHIP's provider network. Montana also permits children to access primary care providers beyond its borders (e.g., families residing in Noxon, MT are closer to medical providers in Sandpoint, ID).
Other Performance Measurement Data:	**Other Performance Measurement Data:**	**Other Performance Measurement Data:**
(If reporting with another methodology)	*(If reporting with another methodology)*	*(If reporting with another methodology)*
Numerator:	Numerator:	Numerator:
Denominator:	Denominator:	Denominator:
Rate:	Rate:	Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Except for children between 12 - 19 years of age, Montana met its Annual Performance Objective as documented in our 2006 Annual Report. The percentage of children 12 -19 years of age decreased by .9%.

Are there any quality improvement activities that contribute to your progress?

Annual Performance Objective for FFY 2008: Montana will continue to provide children with access to primary care practitioners. Montana will continue recruiting practitioners and maintain access at 2007 levels:
12 - 24 months - 94.2%
25 months - 6 years - 78.7%
7 - 11 years - 83.2%
12 - 19 years - 86.5%

Annual Performance Objective for FFY 2009: Montana will continue to provide children with access to primary care practitioners. Montana will continue recruiting practitioners and maintain access at 2007 levels:
12 - 24 months - 94.2%
25 months - 6 years - 78.7%
7 - 11 years - 83.2%
12 - 19 years - 86.5%

Annual Performance Objective for FFY 2010: Montana will continue to provide children with access to primary care practitioners. Montana will continue recruiting practitioners and maintain access at 2007 levels:
12 - 24 months - 94.2%
25 months - 6 years - 78.7%
7 - 11 years - 83.2%
12 - 19 years - 86.5%

Explain how these objectives were set: Objectives were set based on trends in enrollment and utilization of health care services.

Other Comments on Measure:

SECTION IIB: ENROLLMENT AND UNINSURED DATA

The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	17304	20115	16.24

Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

> Montana increased it's CHIP income guidelines from 150% of the federal poverty level (FPL) to 175% FPL effective July 1, 2007. Families previously denied CHIP benefits because their income was more than 150% FPL (but less than 175% FPL) were advised of the change in guidelines through a targeted outreach mailing. Additionally, Montana's CHIP program conducted extensive outreach campaigns. Noteworthy campaigns include: 1) advising Montanans of the increased guidelines, 2) a large Back-To-School campaign, and 3) outreach activities with each Native American tribe within Montana.

The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	32	5.2	12.0	2.0
1998 - 2000	32	5.2	13.0	2.0
2000 - 2002	20	3.6	8.8	1.5
2002 - 2004	23	3.8	10.0	1.6

2003 - 2005	24	4.0	10.7	1.7
2004 - 2006	21	4.0	9.5	1.6
Percent change 1996-1998 vs. 2004-2006	-34.4%	NA	-20.8%	NA

Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

> Montana has expanded its CHIP Outreach activities in order to insure more children through CHIP, Medicaid or other appropriate health care. In 2005, Montana started a program (Insure Montana) for small business owners with limited employees. This program has been successful and currently insures 1,221 children.

Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

> Although the Current Population Survey (CPS) sample size was increased in 2001, the expansion varied significantly across states. Sample expansion ranged from 23% in New Mexico to 171% in New Hampshire; 800 households were interviewed in Mississipppi while 5,609 were interviewed in California.

> SCHIP formula thresholds were based on the unexpanded CPS-ASEC using the number of low-income uninsured children only. Therefore, the baseline threshold for SCHIP allocation is still unstable due to its large variance. This has significant implicaitons for the way in which the cumulative ceilings and thresholds are applied since they are benchmared to the arlier SCHIP proportion of allotments that use the unstable sample estimates prior to the sample expansion.

> See SHADAC Report "Distributing SCHIP Funds: A Critical Review of the Design and Implementation of the SCHIP Funding Formula" by Lynn A. Blewett, Ph.D. & Michael Davern, Ph.D.

Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☒ Yes (please report your data in the table below)

☐ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	Montana Household Survey
Reporting period (2 or more points in time)	December 2002 to May 2003
Methodology	The 2003 Montana Household Survey was conducted as a stratified random digit dial telephone survey. The data was collected by the Survey Research Center at the University of Montana - Missoula, Bureau of Business and Economic Research.

Population (Please include ages and income levels)	All Montanans
Sample sizes	A total of 5,074 interviews were completed. Total household contacts were 6,747.
Number and/or rate for two or more points in time	For the age group 0 through 18, 17% or approximately 41,723 children were uninsured at all income levels. 35,900 uninsured children live in households at or below 200% of poverty.
Statistical significance of results	95% confidence level

Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

CPS data: Of particular concern is systematic under or over-counting of children in different states. In Montana, under-counting exists, as evidenced by Montana-specific data obtained through the HRSA State Health Planning Grant. CPS indicates 21,000 uninsured low-income children for the 2001-2003 period. Montana specific data indicates 35,900 uninsured low-income children during the same period, a 59% undercount by CPS.

In October 2003, a report from the State Health Access Data Assistance Center (SHADAC) indicated between 1999 and 2002, state funding allocations fluctuated on average 22% per state, or about $18.5 million.

What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

Montana has confidence in the reliability of the estimate of uninsured children reported by the 2003 Montana Household Survey.

The sample size for the 2003 Household Survey was much larger than other samples used for estimating Montana's uninsured rates, such as the Census Population Survey (approximately 1,500 households) or the Behavioral Risk Factor Survey (3,100 Montana adults) conducted by the Centers for Disease Control.

What are the limitations of the data or estimation methodology?
The 2003 Household Survey has a 5% margin of error.

How does your State use this alternate data source in SCHIP program planning?

It is anticipated Montana will be conducting future surveys to compare Montana specific findings to Census Bureau data. Dr. Steve Seninger, Director of Montana Kids Count, Bureau of Business and Economic Research, University of Montana at Missoula will be conducting the survey.

How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

No data is available regarding the number of children enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification. Applications for Montana CHIP are screened for possible Medicaid eligibility. If a child is potentially eligible for Medicaid, the family is notified and the application is sent to the child's local county Office of Public Assistance for a Medicaid eligibility determination.

When Montana increased its Medicaid resource limit in July 2006, it resulted in 529 applications which included 1,150 children being referred for a Medicaid eligibility determination. Medicaid referrals during the past two years were:

FFY06 2,095 applications   3,686 children

FFY07 2,776 applications   4,997 children

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time.   This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

   Reducing the number of uninsured children

   SCHIP enrollment

   Medicaid enrollment

   Increasing access to care

   Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:
For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target.   For clarification only, an <u>example</u> goal would be**:   "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:
For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:
Please indicate the status of the data you are reporting for each goal, as follows:

Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care , please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:
Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the "additional notes" section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a "weighted rate" by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an "unweighted average" by taking the mean rate across health plans.

Explanation of Progress:
The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:
Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) Decrease the proportion of children at or below 150% FPL who are uninsured.	**Goal #1** (Describe) Decrease the proportion of children at or below 150% of FPL who are uninsured.	**Goal #1** (Describe) Continue decreasing the number of uninsured children in low to moderate income families. Our objective to is decrease the number of uninsured children by 5%.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2006	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: CHIP, Medicaid, and Caring Program data systems.	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: Total number of children enrolled in CHIP, Medicaid, the Caring Program, the Montana University System Dependent Children Premium Waiver pilot project and Insure Montana in 2006 (80,616). Information was derived from each program's data system.	**Data Source:** ☒ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*: Total number of children enrolled in CHIP, Medicaid, the Caring Program, the Montana University System Dependent Children Premium Waiver pilot project and Insure Montana in FFY 2007 (87,126). Information was derived from each program's data system.
Definition of Population Included in the Measure: Definition of denominator: Total number of children enrolled in CHIP (15,841), Medicaid (59,809)and the Caring Program (480) in FFY 2005 (76,130). Definition of numerator: The difference between the unique number of children who were enrolled in CHIP, Medicaid, and the Caring Program in FFY 2004 (83,108) and the unique number of children enrolled in CHIP (15,841), Medicaid (59,809), and the Caring Program (480) in 2005 (76,130). 76,130 - 83,108 = -6,978 children.	**Definition of Population Included in the Measure:** Definition of denominator: Total number of children enrolled in CHIP (17,880), Medicaid (61,498), the Caring Program (436), (100) and Health Insurance for the Montana University System Dependent Children Premium Waiver pilot project (275) and Insure Montana (427) in 2006 (80,516). Definition of numerator: The difference between the unique number of children who were enrolled in CHIP, Medicaid, and the Caring Program in 2005 (76,130) and the unique number of children enrolled in CHIP, Medicaid, the Caring Program, and Montana University System Dependent Children Premium Waiver pilot project, and Insure Montana in 2006 (80,516). 80,516 - 76,130 = 4,386 children.	**Definition of Population Included in the Measure:** Definition of denominator: Total number of children enrolled in FFY 2007 (87,126). Enrollment included CHIP (20,596), Medicaid (60,896), the Caring Program (349), Health Insurance for the Montana University System Dependent Children Premium Waiver pilot project (294), Insure Montana (1,221) and Montana's Children's Special Health Services (3,770). Definition of numerator: The difference between the unduplicated number of children who were enrolled in the above programs in FFY 2006 (80,516) and the unduplicated number of children enrolled in the same program in FFY 2007 (87,126). 87,126 - 80,516 = 6,610 children.
Year of Data: 2005	**Year of Data:** 2006	**Year of Data:** 2007
Performance Measurement Data: Described what is being measured: The difference between the number of children insured in FFY 2004 and in FFY 2005.	**Performance Measurement Data:** Described what is being measured: The difference between the number of children insured FFY 2005 and in FFY 2006.	**Performance Measurement Data:** Described what is being measured: The difference between the number of Montana children insured in FFY 2006 and FFY 2007.

FFY 2005	FFY 2006	FFY 2007
Numerator: 6978 Denominator: 76130 Rate: 9.2 Additional notes on measure: The number of unduplicated children eligible for Medicaid during FFY 2005 was originally reported as 67,941; this information was erroneous. Only 59,809 unduplicated children were eligible during FFY 2005. In total there were 6,978 less children enrolled in FFY 2005 than in FFY 2004. However, SART will not allow negative numbers to be entered..	Numerator: 4386 Denominator: 80516 Rate: 5.4 Additional notes on measure: The Montana University System Dependent Children Premium Waiver pilot project and Insure Montana are new programs developed to assist low-income families obtain health insurance coverage.	Numerator: 6610 Denominator: 87126 Rate: 7.6 Additional notes on measure:
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** Montana's 2007 objective was to reduce the number of uninsured low to moderate income children by 5%. FFY 2007 reduction is at 7.6%. **Are there any quality improvement activities that contribute to your progress?** FFY 2007 reduction is at 7.6% due in large part to an increase in Montana's income guidelines from 150% of the federal poverty levels to 175% of the federal poverty levels plus extensive outreach activities.
	Annual Performance Objective for FFY 2007: Montana's FFY 2007 objective is to continue decreasing the proportion of children at or below 150% of FPL who are uninsured. Our objective to is continue at the FFY 2006 level of 5.4%. **Annual Performance Objective for FFY 2008:** Montana's FFY 2008 objective is to continue decreasing the proportion of children at or below 150% of FPL who are uninsured. Our objective to is continue at the FFY 2006 level of 5.4%.	**Annual Performance Objective for FFY 2008:** Montana's FFY 2008 objective is to continue decreasing the proportion of children at or below 175% of FPL who are uninsured. Our objective is to continue the reduction at 5%. **Annual Performance Objective for FFY 2009:** Montana's FFY 2009 objective is to continue decreasing the proportion of children at or below 175% of FPL who are uninsured. Our objective is to continue the reduction at 5%.

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2009: Montana's FFY 2009 objective is to continue decreasing the proportion of children at or below 150% of FPL who are uninsured. Our objective to is continue at the FFY 2006 level of 5.4%. *Explain how these objectives were set:* Objectives were set based on trends in CHIP and other health care coverage enrollment.	**Annual Performance Objective for FFY 2010:** Montana's FFY 2010 objective is to continue decreasing the proportion of children at or below 175% of FPL who are uninsured. Our objective is to continue the reduction at 5%. *Explain how these objectives were set:* Objectives are based on FFY 2006 achievements. FFY 2007 increase is not expected to be repeated unless we implement another change in CHIP eligibility level (e.g., 175% of FPL to 200% of FPL). The Caring Program is decreasing its enrollment. The Dependent Children Premium Pilot Project is a two year project and future funding is uncertain. Insure Montana experienced a substantial premium increase for the next year and the impact on enrollment is undetermined at this time.
Other Comments on Measure: The decrease in Caring Program enrollees is due to lack of funding. As a result, no new children were enrolled between 2004 and 2005 and there was a lengthy waiting list. A number of children who were enrolled in the Caring Program lost coverage because they turned 19 or failed to reapply. The number of unduplicated children eligible for Medicaid during FFY 2005 was originally reported as 67,941; this information was erroneous. Only 59,809 unduplicated children were eligible during FFY 2005.	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)**
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe) N/A	**Goal #3** (Describe) N/A	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**	**Explanation of Progress:** **How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) Enroll approximately 10,900 children monthly who are at or below 150% FPL during FFY 2005	**Goal #1 (Describe)** Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2006	**Goal #1 (Describe)** During FFY 2007, enroll an average of 13,900 children monthly who are at or below 150%.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2007
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*: CHIP data system	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*: CHIP Data System	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Average monthly enrollment during FFY 2004 (10,704) Definition of numerator: The difference between the average monthly enrollment during FFY 2004 (10,704) and the average monthly enrollment during FFY 2005 (11,022).	**Definition of Population Included in the Measure:** Definition of denominator: Average monthly enrollment during FFY 2005 (11,022) Definition of numerator: The difference between the average monthly enrollment during FFY 2005 (11,022) and the average monthly enrollment during FFY 2006 (11,842).	**Definition of Population Included in the Measure:** Definition of denominator: The average monthly enrollment during FFY 2007 (13,531). Oct '06 - 13,182 Nov '06 - 13,220 Dec '06 - 13,112 Jan '07 - 13,135 Feb '07 - 13,130 Mar '07 - 13,291 Apr '07 - 13,363 May '07 - 13,378 Jun '07 - 13,289 Jul '07 - 14,034 Aug '07 - 14,382 Sep '07 - 14,860 Definition of numerator: Montana's goal for the average number of children enrolled on a monthly basis.
Year of Data: 2005	**Year of Data:** 2006	**Year of Data:**

FFY 2005	FFY 2006	FFY 2007
Performance Measurement Data: Described what is being measured: Percentage of increased enrollment between FFY 2004 and FFY 2005. Numerator: 318 Denominator: 10704 Rate: 3 Additional notes on measure: For nine months (October 2004 through June 2005), there was a waiting list (enrollment capped at 10,900) and only a limited number of children were enrolled off the waiting list. Montana's legislature provided additional funding for CHIP effective 7/1/2005. On 7/1/2005, 797 children were enrolled off the waiting list.	**Performance Measurement Data:** Described what is being measured: Percentage of increased enrollment between FFY 2005 and FFY 2006. Numerator: 820 Denominator: 11022 Rate: 7.4 Additional notes on measure: Montana anticipated enrolling more children in CHIP because of increased funding. However, the Medicaid resource limit for children's poverty level coverage groups increased from $3,000 to $15,000 effective July 1, 2006. The increased resource limit meant, despite increased CHIP applications, there was a greater number of referrals to the Medicaid Program.	**Performance Measurement Data:** Described what is being measured: Montana is measuring the difference between its monthly enrollment goal and its actual monthly enrollment. Numerator: 13531 Denominator: 13900 Rate: 97.3 Additional notes on measure:
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**	**Explanation of Progress:** **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** Montana did not meets its 2007 average monthly enrollment objective of 13,900 children. **Are there any quality improvement activities that contribute to your progress?** Montana continues to provide statewide outreach activities.
	Annual Performance Objective for FFY 2007: Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2007 **Annual Performance Objective for FFY 2008:** Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2008 **Annual Performance Objective for FFY 2009:** Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2009 *Explain how these objectives were set:* Objectives were set based on available state and federal funding.	**Annual Performance Objective for FFY 2008:** During FFY 2008, enroll an average of 15,500 children monthly who are at or below 175%. **Annual Performance Objective for FFY 2009:** During FFY 2009, enroll an average of 16,000 children monthly who are at or below 175%. **Annual Performance Objective for FFY 2010:** During FFY 2010, enroll an average of 16,000 children monthly who are at or below 175%. *Explain how these objectives were set:* Objectives were set based on available state and federal funding and legislative approval from Montana's 2007 state legislature to increase CHIP income guidelines to 175% FPL.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) Increase the reapplication rate to maintain continuous health coverage for CHIP eligible enrollees.	**Goal #2 (Describe)** Increase the reapplication rate to maintain continuous health coverage for CHIP eligible enrollees.	**Goal #2 (Describe)** Increase the reapplication rate to maintain continuous health coverage for CHIP eligible children.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: Montana has been unable to provide this information from its data system since 2004.
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2007
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*: Because all reports from the CHIP data system were not fully developed, this information was not available for FFY 2005.	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*: CHIP Data System	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Applicants that were enrolled at the end of 12 months and needed to reapply for coverage. Definition of numerator: Applicants who reapplied by the end of 12 months.	**Definition of Population Included in the Measure:** Definition of denominator: Applicants that were enrolled at the end of 12 months and needed to reapply for coverage Definition of numerator: Applicants that reapplied for CHIP	**Definition of Population Included in the Measure:** Definition of denominator: A total of 6,157 renewal applications were sent to families with enrolled children. Definition of numerator: A total of 5,254 renewal applications were returned to CHIP.
Year of Data:	**Year of Data:** 2006	**Year of Data:** 2007
Performance Measurement Data: Described what is being measured: Reapplication rate Numerator: Denominator: Rate: Additional notes on measure: Because all reports from the CHIP data system were not fully developed, this information was not available.	**Performance Measurement Data:** Described what is being measured: Due to data system limitations, the rate of reapplication for FFY 2006 can not be reported at this time Numerator: Denominator: Rate: Additional notes on measure: Montana continues to provide three separate notifications to CHIP families prior to disenrolling children because a renewal application was not received.	**Performance Measurement Data:** Described what is being measured: The rate of CHIP reapplication is being measured. Numerator: 5254 Denominator: 6157 Rate: 85.3 Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**	**Explanation of Progress:** **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** Was not an objective in our 2006 Annual Report. **Are there any quality improvement activities that contribute to your progress?**
	Annual Performance Objective for FFY 2007: Improve our current data system so we are able to report reapplication rate in FFY 07. **Annual Performance Objective for FFY 2008:** Improve our current data system so we are able to report reapplication rate in FFY 08. **Annual Performance Objective for FFY 2009:** Improve our current data system so we are able to report reapplication rate in FFY 09. *Explain how these objectives were set:*	**Annual Performance Objective for FFY 2008:** Montana's 2008 objective is to maintain its reapplication rate at its 2007 level of 85.3% **Annual Performance Objective for FFY 2009:** Montana's 2009 objective is to maintain its reapplication rate at its 2007 level of 85.3% **Annual Performance Objective for FFY 2010:** Montana's 2010 objective is to maintain its reapplication rate at its 2007 level of 85.3% *Explain how these objectives were set:* Objectives were set based on Montana's 2007 reapplication rate.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	**Goal #3** (Describe) N/A	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**	**Explanation of Progress:** **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) N/A	**Goal #1** (Describe) N/A	**Goal #1** (Describe) Screen 100% of CHIP applications and refer all applications with a potentially eligible child for a Medicaid eligibility determination.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: CHIP has screened all applications for children who may be potentially eligible for Medicaid.
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2007
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: During 2007, 4,997 children were referred for a Medicaid eligibility determination. Definition of numerator: During 2006, 3,686 children were referred for a Medicaid eligibility determination.
Year of Data:	**Year of Data:**	**Year of Data:** 2007

FFY 2005	FFY 2006	FFY 2007
Performance Measurement Data: Described what is being measured:	**Performance Measurement Data:** Described what is being measured:	**Performance Measurement Data:** Described what is being measured: The performance measurement is the difference between the number of children referred for a Medicaid eligibility determination during 2006 and 2007.
Numerator: Denominator: Rate:	Numerator: Denominator: Rate:	Numerator: 4997 Denominator: 3686 Rate: 135.6
Additional notes on measure:	Additional notes on measure:	Additional notes on measure: A larger number of children were referred for a Medicaid eligibility determination during FFY 2007 because Montana's Medicaid program increased its asset limit from $3,000 to $15,000 for poverty children coverage groups.
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**	**Explanation of Progress:** **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** Montana screened 100% of its CHIP applications and referred all applications with a child who was potentially eligible for a Medicaid determination. **Are there any quality improvement activities that contribute to your progress?**
	Annual Performance Objective for FFY 2007: Screen 100% of CHIP applications and refer all applications with a potentially eligible child for a Medicaid eligibility determination. **Annual Performance Objective for FFY 2008:** Screen 100% of CHIP applications and refer all applications with a potentially eligible child for a Medicaid eligibility determination. **Annual Performance Objective for FFY 2009:** Screen 100% of CHIP applications and refer all applications with a potentially eligible child for a Medicaid eligibility determination. *Explain how these objectives were set:* Objectives based on CHIP eligibility determination procedures.	**Annual Performance Objective for FFY 2008:** Screen 100% of CHIP applications and refer all applications with a child who is potentially eligible for Medicaid for a Medicaid determination. **Annual Performance Objective for FFY 2009:** Screen 100% of CHIP applications and refer all applications with a child who is potentially eligible for Medicaid for a Medicaid determination. **Annual Performance Objective for FFY 2010:** Screen 100% of CHIP applications and refer all applications with a child who is potentially eligible for Medicaid for a Medicaid determination. *Explain how these objectives were set:* Objectives were based on CHIP eligibiltiy determination procedures.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) N/A	**Goal #2** (Describe) N/A	**Goal #2** (Describe) Provide CHIP-related information and/or training to staff from Offices of Public Assistance by attending their annual Montana Eligibility Workers Association (MEWA) meeting or the quarterly Human and Community Services Division's Joint Management meeting.
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*: This was a new goal for FFY 2007.
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2007
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☒ Other. *Specify*: Contacts CHIP has made with local offices of public assistance (OPAs). Since CHIP and OPAs refer children between CHIP and Medicaid, CHIP strives to maintain good rapport with local offices of public assistance (OPA) staff. CHIP believes contact establishing and maintaining rapport is contingent in large part upon educating OPA staff about CHIP.
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
	Explanation of Progress:	**Explanation of Progress:**
	How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	**How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** CHIP has met its goal of providing CHIP-related information and/or training to OPA staff. During FFY 2007, CHIP provided training at the Montana Eligibility Workers Association (MEWA) meeting, attended two Public Assistance Bureau management meetings that included statewide staff, attended monthly meetings with Public Assistance Bureau management, sent a CHIP informational mailing (via e-mail) to all staff in local OPAs, had monthly communications with regional policy staff, and had daily communication (telephone and e-mail) with OPA staff.
	Are there any quality improvement activities that contribute to your progress?	**Are there any quality improvement activities that contribute to your progress?**
	Annual Performance Objective for FFY 2007: Provide CHIP-related information and/or training to staff from Offices of Public Assistance by attending their annual Montana Eligibility Workers Association (MEWA) meeting or the quarterly Human and Community Services Division's Joint Management meeting. **Annual Performance Objective for FFY 2008:** Provide CHIP-related information and/or training to staff from Offices of Public Assistance by attending their annual Montana Eligibility Workers Association (MEWA) meeting or the quarterly Human and Community Services Division's Joint Management meeting. **Annual Performance Objective for FFY 2009:** Provide CHIP-related information and/or training to staff from Offices of Public Assistance by attending their annual Montana Eligibility Workers Association (MEWA) meeting or the quarterly Human and Community Services Division's Joint Management meeting. *Explain how these objectives were set:* Objectives were based on training provided during FFY 2006.	**Annual Performance Objective for FFY 2008:** Provide CHIP-related information and/or training to local offices of public assistance staff. **Annual Performance Objective for FFY 2009:** Provide CHIP-related information and/or training to local offices of public assistance staff. **Annual Performance Objective for FFY 2010:** Provide CHIP-related information and/or training to local offices of public assistance staff. *Explain how these objectives were set:* Objectives were based on training provided during FFY 2007.

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure:	**Other Comments on Measure:** Providing CHIP-related information to Offices of Public Assistance (OPA) staff ensures staff who determine Medicaid eligibility also have a basic knowledge of CHIP. This information will assist OPA and CHIP staff in providing health care coverage to eligible children and making referrals to the appropriate program.	**Other Comments on Measure:** Providing CHIP-related information to OPA staff ensures staff who determine Medicaid eligibiltiy also have a basic knowledge of CHIP. This information will assist OPA and CHIP staff in providing health care coverage to eligible children and making referrals to the appropriate program.

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe) N/A	**Goal #3** (Describe) N/A	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**	**Explanation of Progress:** **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?**

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) Increase the number of medical and dental providers and facilities available to provide care to CHIP enrollees.	**Goal #1** (Describe) Increase the number of medical and dental providers and facilities available to provide care to CHIP enrollees.	**Goal #1** (Describe) Maintain access to preventive Health care providers at FFY 2006 levels (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons).
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2005	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2006	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2007
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒ Other. *Explain*: CHIP medical and dental providers and facilities who provide services to CHIP enrollees.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒ Other. *Explain*: CHIP medical and dental providers and facilities who provide services to CHIP enrollees.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒ Other. *Explain*: CHIP medical and dental providers who provide services to CHIP members.
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Blue Cross Blue Shield of Montana and CHIP data system.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Blue Cross Blue Shield of Montana and CHIP data systems. Provider enrollment for fiscal year end 2006 was compared to fiscal year end 2005.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Blue Cross Blue Shield of Montana, ACS, and CHIP data system. Provider enrollment for fiscal year end 2007 was compared to fiscal year end 2006.
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Provider enrollment for fiscal year end 2005: 1,595 physicians, 2,056 allied, 58 hospitals and 266 dentists and oral surgeons	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Total CHIP providers enrolled for fiscal year end 2006: 3,917 medical, allied and hospital providers plus 286 dentists and oral surgeons.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The difference between the total number of CHIP providers enrolled in FFY 2006 and the total number of CHIP providers enrolled in FFY 2007. (4439 (FFY 2007) 4,203 (FFY 2006) = 236 more providers in 2007) FFY 2007 CHIP providers included 1,782 physicians, 2,306 allied, 59 hospitals and 292 dentists.
Year of Data: 2005	**Year of Data:** 2006	**Year of Data:** 2007
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator:

FFY 2005	FFY 2006	FFY 2007
Denominator: Rate: Additional notes on measure:	Denominator: Rate: Additional notes on measure:	Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 3943 Denominator: 3803 Rate: 103.7 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 4203 Denominator: 3943 Rate: 106.6 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 236 Denominator: 4203 Rate: 5.6 Additional notes on measure: Measure of increased provider enrollment.
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?** **Annual Performance Objective for FFY 2007:** Maintain access to preventive health care providers at FFY 2006 levels. **Annual Performance Objective for FFY 2008:** Maintain access to preventive health care providers at FFY 2006 levels. **Annual Performance Objective for FFY 2009:** Maintain access to preventive health care providers at FFY 2006 levels. *Explain how these objectives were set:* Objectives were set based on trends in enrollment and utilization of health care services.	**Explanation of Progress:** **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** Previously reported a comparison of FFY 05 and FFY 06 provider enrollment. The increase in enrollment was 5.6 over FFY 06. **Are there any quality improvement activities that contribute to your progress?** **Annual Performance Objective for FFY 2008:** Maintain access to preventive health care providers at FFY 07 levels (1,782 physicians, 2,306 allied, 59 hospitals and 292 dentists). **Annual Performance Objective for FFY 2009:** Maintain access to preventive health care providers at FFY 07 levels (1,782 physicians, 2,306 allied, 59 hospitals and 292 dentists). **Annual Performance Objective for FFY 2010:** Maintain access to preventive health care providers at FFY 07 levels (1,782 physicians, 2,306 allied, 59 hospitals and 292 dentists). *Explain how these objectives were set:* Objectives were set based on trends in enrollment and utilitzation of health care services.
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) N/A	**Goal #2** (Describe) N/A	**Goal #2** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*:	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?** **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe) N/A	**Goal #3** (Describe) N/A	**Goal #3** (Describe)
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?** **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) Increase the number of medical and dental providers and facilities available to provide care to CHIP enrollees.	**Goal #1** (Describe) Increase the number of medical and dental providers and facilities available to provide care to CHIP enrollees.	**Goal #1** (Describe) FFY 2007 goals for this stratum were actually objectives for "increasing access to care." Objectives and related performance measures have been entered under "increasing access to care" section.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☒ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒ Other. *Explain*: CHIP medical and dental providers and facilities who provide services to CHIP enrollees.	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☐ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒ Other. *Explain*: CHIP medical and dental providers who provide services to CHIP enrollees	**Measurement Specification:** ☐ HEDIS. *Specify version of HEDIS used*: ☒ HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐ Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Blue Cross Blue Shield of Montana and CHIP data systems.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☒ Other. *Specify*: Blue Cross Blue Shield of Montana and CHIP data systems. Provider enrollment for fiscal year end 2006 was compared to fiscal year end 2005.	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Provider enrollment for fiscal year end 2005: 1,595 physicians 2,056 allied 58 hospitals 266 dentists and oral surgeons	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Total CHIP providers enrolled for fiscal year end 2006 (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons)	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2005	**Year of Data:** 2006	**Year of Data:**

FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 3943 Denominator: 3803 Rate: 103.7 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 4203 Denominator: 3943 Rate: 106.6 Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?** **Annual Performance Objective for FFY 2007:** Maintain access to preventive health care providers at FFY 2006 levels: (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons) **Annual Performance Objective for FFY 2008:** Maintain access to preventive health care providers at FFY 2006 levels: (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons) **Annual Performance Objective for FFY 2009:** Maintain access to preventive health care providers at FFY 2006 levels: (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons) *Explain how these objectives were set:* Objectives were set based on trends in enrollment and utilization of health care services.	**Explanation of Progress:** **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) N/A	**Goal #2** (Describe) N/A	**Goal #2** (Describe) N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Explanation of Progress:** How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe) N/A	**Goal #3** (Describe) N/A	**Goal #3** (Describe) N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. *Specify*: ☐ Other. *Specify*:
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Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?** **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*	**Explanation of Progress:** **How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?** **Are there any quality improvement activities that contribute to your progress?** **Annual Performance Objective for FFY 2008:** Montana is researching the possibility of isolating immunization data from well-child data. We are holding an actual goal for this stratum in abeyance until it is known whether immunization data can be isolated. **Annual Performance Objective for FFY 2009:** **Annual Performance Objective for FFY 2010:** *Explain how these objectives were set:*
Other Comments on Measure:	**Other Comments on Measure:**	**Other Comments on Measure:**

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

On a quarterly basis, Montana reviews the total number of dental, physician, allied and hospital CHIP providers to evaluate network adequacy and access to care. If there is a significant change, we review changes to assure no region of the state has an inadequate provider network. If should be noted Montana is a frontier state with many areas having no or limited local access to health care for any payer.

Our third party administrator, Blue Cross Blue Shield of Montana (BCBSMT), submits quarterly Health Care Management Reports that summarize costs and utilization of medical and pharmacy services. CHIP and BCBSMT meet monthly to discuss program changes, successes and challenges. Access to care and quality of care are the primary areas of discussion.

CHIP monitors and evaluates the utilization of eyeglasses and dental services. These services are provided on a fee-for-service basis and are not part of the BCBSMT contract.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

CHIP continues with the measure listed above. We also continue to send families Explanations of Benefits for eyeglasses and dental services for claims processed.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found?

Montana CHIP did not conduct focused quality studies in FFY 2007.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

Montana conducted several outreach campaigns during 2007. They included:

1) direct mail outreach in February 2007

2) print media campaign in July 2007 announcing CHIP's income guideline increase and a direct mail outreach to families who had previously been denied because of income but whose income at the time of denial was within the new guidelines

3) Native American outreach activities and the development of a Native American specific insert for CHIP promotional brochures

4) extensive back-to-school campaign during Fall 2007

The number of new CHIP enrollees during FFY 2007 totaled 8,838 which was an 18.3% increase over FFY 2006's 7,469 new enrollees.

October 2006 - 603

November 2006 - 702

December 2006 - 601

January 2007 - 518

February 2007 - 680

March 2007 - 663

April 2007 - 748

May 2007 - 697

June 2007 - 593

July 2007 - 1,293

August 2007 - 767

September 2007 - 973

Please see attachment, "CHIP Community Outreach Activities - 2007."

Enter any Narrative text below **[7500]**.

Montana CHIP enrollment increased exponentially after the income guidelines were increased effective July 1, 2007. From October 2006 through June 2007, there was an average of 645 new enrollees. From July 2007 through September 2007, there was an average of 1,011 new enrollees for a 57% increase.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

• Montana CHIP conducted a statewide print media campaign supporting the release of the 2007 income guidelines (February-March 2007). Ads placed in all Montana markets, including daily, rural, weekly newspapers and tribal newspapers.

• CHIP conducted a statewide print media campaign coinciding with the increase in the CHIP income guidelines from 150% to 175% FPL (July 2007). Ads placed in all Montana markets, including daily, rural, weekly newspapers and tribal newspapers.

• CHIP continues to develop its statewide network of health care associations, individual health care providers, and related agencies to increase CHIP awareness by distributing CHIP materials in their communities. To date, 450 new distribution points have been established across the state.

• In August and September 2007, CHIP conducted a comprehensive back-to-school campaign involving over 150 elementary, middle, and high schools across Montana. Approximately 37,000 postcards were distributed to students in their back-to-school packets. In the campaign, themed "Healthy Children Learn Better," CHIP partnered with Healthy Mothers Healthy Babies and the Office of Public Instruction (OPI) to promote CHIP, Walk to School Day, and OPI's nutrition programs.

What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **Would you consider this a best practice?   [7500]**

The media campaigns (February/March 2007 and July 2007) plus the back-to-school campaign proved to be the most effective outreach activities during FFY 2007. Effectiveness was measured by the number of new CHIP enrollees (6,414 between February 2007 and September 2007).

Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **[7500]**

Montana has seven American Indian Reservations within its borders. During FFY 2007, CHIP's Outreach Manager visited each of the reservations. These visits continue to improve our relationships with Indian Health Servicet and Tribal Health staff and increase their knowledge about CHIP and how CHIP enrollment will benefit Native American families and Tribal Nations. Effectiveness is measured by comparing the number of Native American children enrolled in FFY 2007 (1,741) to FFY 2006 (1,358). There was a 28.2% increase in Native American children enrolled during FFY 2007.

What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

The number of unduplicated Medicaid children ever enrolled during FFY 2007 was 60,896 and the unduplicated number of children enrolled in CHIP during FFY 2007 was 20,596. The Current Population Survey (CPS) estimates there are 21,000 uninsured Montana children at or below 200% FPL.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program up to and including 200% of FPL must complete

question 1.

Is your state's eligibility level up to and including 200 percent of the FPL?

☐ Yes
☒ No
☐ N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. **[7500]**

States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.

Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

☐ Yes
☒ No
☐ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. **[7500]**

States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.

Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

☐ Yes
☒ No
☐ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.). **[7500]**

All States must complete the following 3 questions

Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

As part of Montana's CHIP application, families are asked when and why the child(ren)'s health insurance coverage ended. Individuals whose coverage was ended for a reason that is not one of CHIP's exceptions have CHIP enrollment delayed. During FFY 2007, 765 children had coverage that ended for a reason which did not meet one of the exceptions. Those 765 children represent .04% of CHIP's total enrollment (20,596 unique children enrolled).

At the time of application, what percent of applicants are found to have insurance? **[7500]**

During FFY 2007, 765 children had coverage. Those 765 children represent 3.7% of CHIP's total enrollment (20,596 unduplicated children enrolled).

Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

No data is currently available regarding the incidence of applicants substituting group health coverage with CHIP coverage. However, judging from the small percentage of children whose private insurance ended for a reason that did not meet one of CHIP's exceptions, Montana CHIP believes this percentage to be very low.

COORDINATION BETWEEN SCHIP AND MEDICAID
(This subsection should be completed by States with a Separate Child Health Program)

Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

CHIP and Medicaid do not have the same redetermination procedures. Medicaid requires documentation of identify, household income, resources and other pertinent changes. CHIP accepts self-declaration of identity, household composition and income and there is no asset test.

To expedite the renewal process, CHIP pre-populates the family's renewal application with information from the family's previous application (e.g., names, birth dates, ID numbers, etc). Families must update income information and note other changes (e.g., family members who have moved in or out, etc.), sign, date and return the completed application to CHIP before it can be determined whether the family continues to qualify for coverage. Medicaid does not provide pre-populated applications to families whose Medicaid eligibility needs to be redetermined.

Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

An electronic referral process was developed in 2005 to automatically refer children who lose or are denied Medicaid (for reasons other than failure to comply) to CHIP.

In an effort to prevent a lapse in coverage when children lose Medicaid, eligibiltiy staff in Offices of Public Assistance throughout the state have the option to provide families with a blank CHIP application, provide the family with CHIP's website (www.chip.mt.gov) so the family can download an application, or contact CHIP via e-mail or phone with the family's name and address so an application can be mailed the next day.

Children who lose or are denied Medicaid, are electronically referred to CHIP. CHIP compares the referrals to open CHIP applications. Children residing in a family with an open CHIP application are enrolled in CHIP effective the first day of the following month. CHIP send a partially pre-populated application to families to assure every family has the opportunity to apply for CHIP benefits as long as they complied with Medicaid requirements but were denied Medicaid or had benefits terminated.

Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

The delivery systems are not the same for Medicaid and CHIP although providers are frequently enrolled in both programs' networks. CHIP contracts with Blue Cross Blue Shield of Montana (BCBSMT) to enroll and provide support for medical, allied and hopsital providers.

CHIP also contracts with Affiliated Computer Services, Inc. (ACS) to enroll and support dental and eyeglasses providers. CHIP, Medicaid and the Montana Department of Corrections have a

bulk-purchasing contract with Walman Optical, Inc. for eyeglasses. Both CHIP and Medicaid state staff provide support for their respective networks and delivery systems.

For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

Every new and renewal application received by Montana CHIP is screened to determine whether a child is potentially eligible for Medicaid. Children who are potentially eligible for Medicaid are referred to their local Office of Public Assistance (OPA) for a Medicaid eligibility determination. Both the family and the OPA are notified of the referral. CHIP monitors the Medicaid eligibility determination using the electronic referral process as outlined in #2 above.

ELIGIBILITY REDETERMINATION AND RETENTION

What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

How many notices are sent to the family prior to disenrolling the child from the program? **[500]**
Three (3).
At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**
Families receive the following renewal mailings: 1) 9 1/2 months after eligibility was determined, the family receives a mailing advising that it's nearly time to renew their application and they should watch for the renewal application to arrive in the mail, 2) 10 months after eligibiltiy was determined, a pre-populated renewal application is mailed, and 3) a reminder notice is mailed 11 months after eligibility was determined, if the renewal application has not been received by CHIP.

☐ Sends targeted mailings to selected populations

Please specify population(s) (e.g., lower income eligibility groups) **[500]**

☐ Holds information campaigns

☒ Provides a simplified reenrollment process,

Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]**

Families are provided a 4 page partially pre-populated renewal application. The family makes changes to the information (e.g., noting changes in family composition, school attendance, etc.) plus enters current income and notes whether countable assets exceed Montana Medicaid's resource limit of $15,000 (for poverty children's coverage groups). When screened, applications for children who are potentially eligible for Medicaid are forwarded to Offices of Public Assistance for determinations.

☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:* **[500]**

☐ Other, *please explain*: **[500]**

Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

Providing families with pre-populated renewal applications that are short and easy to complete appears to encourage timely submission of renewal applications. CHIP data finds during FFY 2007, 6,157 renewal applications were mailed to families. Families returned 5,254 renewal applications for a reapplication rate of 85.3%.

What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? **[500]**

During FFY 2007 CHIP sent out 6,157 renewal applications and 5,254 were returned - an 85% rate of return. Of the 5,254 returned applications, 4,752 had children re-enrolled in CHIP. The retention rates were 77.2% overall and 90.4% for returned applications.

Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

☒ Yes
☐ No
☐ N/A

When was the monthly report or assessment last conducted? **[7500]**

The last report for FFY 2007 was completed in September 2007. The total number of children disenrolled during FFY 2007 was 5,640 and they were disenrolled for the following reasons:

39% - became eligible for Medicaid

18% - application closed

12% - failed to comply with Medicaid requirements

11% - obtained other health insurance

7% - turned age 19

5% - moved out of state

2% - no longer resided in the home

2% - unable to locate family

2% - internal audit documentation not provided

1% - child eligible for state employee health insurance

1% - child transferred into another family

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. **[7500]**.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
5640	2868	51	1873	33	418	7	410	7	71	1

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

Data obtained through Montana's CHIP data system for October 2006 through September 2007.

COST SHARING

Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

No. Montana CHIP does not require families to pay premiums or enrollment fees.

Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? **[7500]**

No.

If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? **[7500]**

Not applicable.

EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

☐ Yes, please answer questions below.
☒ No, skip to Program Integrity subsection.

Children

☐ Yes, Check all that apply and complete each question for each authority.

☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration

Adults

☐   Yes, Check all that apply and complete each question for each authority.

☐   Family Coverage Waiver under the State Plan
☐   SCHIP Section 1115 Demonstration
☐   Health Insurance Flexibility & Accountability Demonstration
☐   Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Please indicate which adults your State covers with premium assistance. (Check all that apply.)

☐   Parents and Caretaker Relatives
☐   Childless Adults
☐   Pregnant Women

     Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**

     What benefit package does the ESI program use? **[7500]**

     Are there any minimum coverage requirements for the benefit package? **[7500]**

     Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

     Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

     _____   Number of childless adults ever-enrolled during the reporting period

     _____   Number of adults ever-enrolled during the reporting period

     _____   Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

10. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

11. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.) [7500]**

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

        State: _____

        Employer: _____

        Employee: _____

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS (I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS)

Does your state have a written plan that has safeguards and establishes methods and procedures for:

(1) prevention

(2) investigation

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

1) Prevention - As Montana's third party administrator, Blue Cross Blue Shield of Montana (BCBSMT) Special Investigations Unit (SIU) coordinates an internal and external fraud awareness program. This program involves employee training through face-to-face sessions, as well as written notifications in internal publications. The external awareness program involves publication of BCBSMT's toll-free fraud hotline on all Explanations of Benefits, maintenance of an anti-fraud website, anti-fraud training presentations to law enforcement groups, regulatory groups, and civilian groups, written articles in BCBSMT publications, publications by regulatory agencies, group publicaitons, and other industry publications. BCBSMT also attempts to publicize all successful cases in the local media.

2) Investigation - Investigations are pursued by trained investigators and analysts using tradtional methods, including (but not limited to) document analysis, data mining, interviews, questionnaires, medical records review, surveillance, etc. If fraudulent activity is confirmed, the case is reported to the Montana Insurance Department (pursuant to Montana Code Annotated 33-1-1205) and/or other applicable law enforcement or regulatory agencies including state medical boards, the Medicaid Fraud Control Unit, FBI, HHS/OIG, OPA/OIG, DEA, and other state and local law enforcement aencies. BCBSMT works with these agencies in the continued investigation and prosecution of each case.

3) Referral of cases of fraud & abuse - BCBSMT reports all cases to the Motnana Insurance Department, as well as any other applicable law enforcement or regulatory agency.

For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

Provider Credentialing

0   Number of cases investigated

_____ Number of cases referred to appropriate law enforcement officials

Provider Billing

0   Number of cases investigated

_____ Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

<u>   0   </u>   Number of cases investigated

<u>   </u>   Number of cases referred to appropriate law enforcement officials

    Are these cases for:

       SCHIP   ☐

       Medicaid and SCHIP Combined ☐

3. Does your state rely on contractors to perform the above functions?

    ☒ Yes, please answer question below.

    ☐ No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

CHIP meets monthly with BCBSMT staff regarding program and policy issues. Fraud and abuse issues may be addressed at that time. CHIP refers complaints regarding provider credentialing or billing to BCBSMT. The CHIP program follows up on complaints regarding beneficiary eligibility.

The Montana Insurance Commissioner's Office audits and follows up on consumer complaints pertaining to insurance companies operating in Montana.

Enter any Narrative text below. **[7500]**

2 above: The Explanation - The BCBSMT SIU tracks all activity on a calendar year basis. BCBSMT did not work any cases specific to the CHIP program in 2007 and general provider cases are not initially tracked specific to the line of business that may be affected by any fraudulent activity. Recovery or restitution for specific lines of business is not calculated until the completion of a case. BCBSMT did not recover any payments under the CHIP program in 2007.

Due to the fact that many lines of business, including CHIP, are beginning to require annual reporting of anti-fraud activity, the BCBSMT SIU is revising its case log to identify any CHIP activity for future reporting periods. This will be available for calendar year 2008.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period =Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.*)

COST OF APPROVED SCHIP PLAN

Benefit Costs	2007	2008	2009
Insurance payments	510610	0	0
Managed Care	0	0	0
Fee for Service	20571388	31625142	33962249
Total Benefit Costs	21081998	31625142	33962249
(Offsetting beneficiary cost sharing payments)	0	0	0
Net Benefit Costs	$ 21081998	$ 31625142	$ 33962249

Administration Costs			
Personnel	588134	716609	725274
General Administration	1029090	1190254	1237864
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	180000	214998	223598
Outreach/Marketing costs	49571	101554	105616
Other (e.g., indirect costs)	343750	357500	364423
Health Services Initiatives	0	0	0
Total Administration Costs	2190545	2580915	2656775
10% Administrative Cap (net benefit costs ÷ 9)	2342444	3513905	3773583

Federal Title XXI Share	18241019	26670463	28427348
State Share	5031524	7535594	8191676

TOTAL COSTS OF APPROVED SCHIP PLAN	23272543	34206057	36619024

2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☒ Tobacco settlement
- ☒ Other (specify) **[500]** State tobacco tax

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

No

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2007		2008		2009	
	# of eligibles	$ PMPM	# of eligibles	$ PMPM	# of eligibles	$ PMPM
Managed Care	0	$ 0	0	$ 0	0	$ 0
Fee for Service	13536	$ 130	15546	$ 154	16073	$ 168

Enter any Narrative text below. **[7500]**

The uncertainties of the CHIP Reauthorization Bill has made the development of a budget difficult.

Montana changed from a fully insured contract with BCBS of Montana to a third party administrative (TPA) contract effective 10-1-2006. We increased CHIP eligibility from 150% FPL to 175% FPL effective 7-1-2007 and increased enrollment by @ 1570 children (12%)between July and September. We implemented the Extended Dental Plan (EDP) effective 10-1-2007 and anticipate EDP claims to be @$455K in FFY 2008 and 2009.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility				HIFA Waiver Demonstration Eligibility			
	* Upper % of FPL are defined as Up to and Including							
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. **[1000]**

Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2

(e.g., parents)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3
(e.g., pregnant women)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4
(e.g., childless adults)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs					
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)					

Administration Costs

Personnel					
General Administration					
Contractors/Brokers *(e.g., enrollment contractors)*					
Claims Processing					
Outreach/Marketing costs					
Other *(specify)*					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

When was your budget last updated (please include month, day and year)? **[500]**

Please provide a description of any assumptions that are included in your calculations. **[500]**

Other notes relevant to the budget: **[7500]**

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP. **[7500]**

Montana's U.S. Senator Max Baucus has spearheaded the national SCHIP reauthorization legislation. Senator Baucus is the chairman of the Senate Finance Committee which held a SCHIP reauthorization hearing in Billings, Montana in September 2007. Montana citizens, as well as the Department of Public Health and Human Services Director Joan Miles, testified at the hearing regarding SCHIP's value to Montana families and the provider community.

In order to insure more children from low to moderate income families, Montana's 2007 Legislature increased Montana's CHIP income eligibilty level to 175% FPL effective July 1, 2007. Montana continues to be concerned about inadequate or unpredictable funding on the national level. Coverage consistency, stability and sustainability is of utmost importance.

During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

The greatest challenge Montana faced during this reporting period has been the operation of a program with the uncertainty of federal reauthorization. National press releases caused confusion among the general public about the income guidelines and who actually qualifies for Montana CHIP coverage. Additionally, the lack of timely reauthorization has caused angst among CHIP staff regarding job retention. Concerns among state executive and legislative bodies regarding increasing CHIP income guidelines and a reluctance to advocate increased income guidelines since federal funding (impacting state general fund obligations) is undecided.

Additional challenges included:

1. At the behest of CMS, Montana's decision to require all medical providers to re-enroll as Medicaid/CHIP providers at the same time they were mandated to apply for a National Provider Identification (NPI) number.

2. Ensuring Montana's administrative costs stayed within the 10% administrative cap.

3. Developing computer system upgrades while staying within the 10% administrative cap. As with any data system and developing program, the system needs updates and enhancements to assure it conforms to the program's ever evolving needs.

4. On-going challenges and confusion among CHIP/Medicaid families caused by referring applications between the Medicaid Program and CHIP and vice versa (e.g., documentation requirements for Medicaid versus no documentation requirement for CHIP, monthly Medicaid coverage versus yearly CHIP coverage periods, and differences in benefits). While state eligibility staff are knowledgeable about the extensive nuances among the programs, Montana families sometimes feel pushed/pulled between the two programs.

During the reporting period, what accomplishments have been achieved in your program? **[7500]**

1. Montana changed its fully insured administrative format to a self-insured third party administered program effective 10/1/06.

2. Montana hired one additional staff person to assist with the increased work load.

3. Beginning 11/1/06, Montana started using an electronic filing system (File Net) for its eligibility determination and retention processes.

4. Increased legislative funding enabled the program to: a) increase its income guidelines to 175% FPL, b) enroll up to 16,000 children, and c) provide approximately $500,000 in extended dental benefits during SFY'07 and SFY'08 (not to exceed $1,176 per benefit year per child).

5. Montana's Insure KidsNow call completion rate was consistently 99.9%. Staff worked diligently to ensure calls were answered in a timely manner, questions were effectively responded to, and children were enrolled as early as possible.

6. Montana's revised State Plan was submitted to and approved by CMS. Revision highlights included changing to a third party administered program, increasing income guidelines to 175% FPL, providing extended mental health benefits and extended dental benefits.

7. Montana contacted families denied CHIP during the previous 24 months and advised them CHIP's income guidelines had increased to 175% FPL. This Outreach effort helped increase new enrollees by 1,200 children in one month.

8. During FFY 2007, Montana enrolled 8,838 new children (i.e., never enrolled in CHIP before or had a minimum of one month break in coverage).

9. Total enrollment increased from 13,182 on 10/1/06 to 14,860 on 9/30/07 (a 12.73% increase in enrollment).

10. Montana's Extended Mental Health Benefits Plan for children with a serious emotional disturbance (SED) continued to grow. The extended benefits ensure continuing rapport with the state's Children's Mental Health Bureau and providing enhanced community based services to children with a SED.

11. The CHIP policy manual was revised, updated, reformatted and cross-referenced with system eligibility details.

12. CHIP's internal income audit process was integrated into its eligibility computer system. Having this process integrated into the eligibility system will substantially reduce the manual processing time to complete this function.

13. Montana provided outreach to dentists statewide informing them of extended dental benefits for children needing extraordinary dental care beyond those offered under CHIP's basic dental plan (i.e., extended dental plan).

14. Provided outreach efforts to Montana's orthodontia community in Missoula in providing service to children with cranio facial anomalies.

15. Montana's CHIP website was continually updated with the most current information to provide individuals referencing the site with the current information.

16. Increased networking between CHIP and Offices of Public Assistance staff to assure timely referrals between the two programs.

What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

Montana CHIP's future plans include:

1. increasing the number of low-to-moderate income Montana children who have insurance coverage.

2. increasing enrollment to 16,000 children by January 2008,

3. having 16,000 children enrolled on a monthly basis during FY 2009,

4. hiring more staff to assist with the additional responsibilities associated with increased enrollment and monitoring CHIP's third party administrative contract,

5. completing the conversion of paper files to electronic files,

6. continuing to work with our contractor, Northrup Grumman, to develop and improve our data processing system,

7. conducting targeted surveys: a) retention, b) customer satisfaction, and c) outreach,

8. renewed outreach to the mental health community regarding basic and extended mental health benefits,

9. continue to recruit and train community partners as CHIP advocates and broaden CHIP's provider network,

10. update the CHIP dental provider manual and outreach materials,

11. finalize more effective interface requirements with the new Medicaid eligibilty system in development for statewide Offices of Public Assistance and subsequent referrals to CHIP, and

12. other changes contingent on requirements imposed as a result of any reauthorization legislation.

Enter any Narrative text below. **[7500]**